TULAREMIA CASE INVESTIGATION - Page 1 of 4

Indiana State Department of Health
State Form 51638 (7-04)

DIRECTIONS - PLEASE READ BEFORE YOU BEGIN:

1. Print firmly and neatly.
2. Only use pens with blue or black ink.
3. Fill in circles like this: ● Not like this: ⊗ ✓ Mark mistakes like this: ✓●
4. Print capital letters only and numbers completely inside boxes. A 2 C 3
5. Please complete all items on form.
6. **Date format: MM/DD/YY**

Section 1. Demographic Information

Last Name

First Name **MI** **Phone Number** - -

Number & Street Address

City **State** **ZIP Code** -

County **Date of Birth** / / **Age**

Race:
- ○ Asian
- ○ Black or African American
- ○ American Indian or Alaska Native
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other/Multiracial
- ○ Unknown

Ethnicity:
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino
- ○ Unknown

Sex:
- ○ Male
- ○ Female
- ○ Unknown

Is Age in day/mo/yr?
- ○ Days
- ○ Months
- ○ Years

Occupation **Phone of Employer/School/Day Care** - -

Name of ○ Employer ○ School ○ Day Care

Address of Employer/School/Day Care

City **State** **Zip Code** -

Section 2. Clinical Information

Symptoms (check all that apply):
- ○ Fever ___.___ *(degrees)*
- ○ Chills
- ○ Headache
- ○ Myalgia
- ○ Malaise
- ○ Fatigue
- ○ Anorexia
- ○ Cough
- ○ Sore Throat
- ○ Abdominal Pain
- ○ Diarrhea
- ○ Other, specify:

Date of Onset / /

Duration of Symptoms in Days

Date First Positive Specimen Collected / /

Form of Disease:
- ○ Ulceroglandular
- ○ Glandular
- ○ Oculoglandular
- ○ Pharyngeal
- ○ Pneumonia

Signs (check all that apply):
- ○ Skin Ulcer
- ○ Lymph Adenopathy
- ○ Conjunctivitis
- ○ Photophobia
- ○ Tearing
- ○ Hepatomegaly
- ○ Splenomegaly
- ○ Pneumonia

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Section 2. Clinical Information (continued)

1. IgM Testing

Acute Specimen Taken / / **Acute Value**

Convalescent Specimen Taken / / **Convalescent Value**

Results:

- ○ Significant Rise in IgM
- ○ No Significant Rise in IgM
- ○ Indeterminate
- ○ Pending
- ○ Not Done
- ○ Unknown

2. IgG Testing

Acute Specimen Taken / / **Acute Value**

Convalescent Specimen Taken / / **Convalescent Value**

Results:

- ○ Significant Rise in IgG
- ○ No Significant Rise in IgG
- ○ Indeterminate
- ○ Pending
- ○ Not Done
- ○ Unknown

Culture:

○ DFA ○ PCR Other Lab Test:

Physician/Hospital that Collected Specimen

Physician/Hospital Address

City **State** **ZIP Code** -

Physician/Hospital Phone - -

Was the patient treated with antibiotics for this illness?

○ Yes ○ No

If Yes, antibiotic:

Start date: / /

Was the patient hospitalized?

○ Yes ○ No

If Yes, admission date: / /

Discharge date: / /

Hospital:

Did patient die?

○ Yes ○ No

Section 3. Risk Factors - Natural Exposure

During the two weeks prior to onset of symptoms, did the patient:

Have contact with rabbits or hares? ○ Yes ○ No

If Yes, type of activity:

○ Playing ○ Hunting ○ Trapping ○ Skinning/Dressing ○ Other

If Other, specify

Date / /

Have contact with other wild animals, including rodents? ○ Yes ○ No

If Yes, type of animal

Date / /

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Section 3. Risk Factors - Natural Exposure (continued)

Sustain any bites from ticks or flies?
○ Yes ○ No ○ Unknown
If Yes, date: ___/___/___

Handle or ingest under-cooked game?
○ Yes ○ No
If Yes, date: ___/___/___
Type of animal:

Drink untreated water or exposed to ponds, lakes, streams?
○ Yes ○ No
If Yes, date: ___/___/___
Location:

Work in areas with grain or hay?
○ Yes ○ No
If Yes, date: ___/___/___
Location:

Work mowing or perform other landscape task(s)?
○ Yes ○ No
If Yes, date: ___/___/___
Location:

Work in a laboratory handling tularemia bacteria?
○ Yes ○ No
If Yes, date: ___/___/___
Location:

Travel outside of Indiana?
○ Yes ○ No

If Yes, where

___/___/___
Date

Section 4. Risk Factors - Suspicious Exposure

___/___/___
Date of possible exposure

Location(s), be as specific as possible

How was person exposed?
○ Suspicious Aerosol ○ Other ○ Unknown

If Aerosol, describe

If Other, describe

Was there any prior threat of attack?
○ Yes ○ No

If Yes, describe

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Section 4. Risk Factors - Suspicious Exposure (continued)

Were law enforcement authorities notified (only in the event of a suspicious exposure)?

○ Yes ○ No

If Yes, which branch?

○ Local Police ○ Local Sheriff ○ State Police ○ FBI ○ Other, specify: _____

Was decontamination performed?

○ Yes ○ No

If Yes, type:

○ Clothing Removal ○ Hand Washing ○ Shower/Shampoo ○ Environmental Cleaning

Is this patient related to a confirmed exposure site?

○ Yes ○ No

___ / ___ / ___
If Yes, date

_____
Where

Section 5. Comments/Follow-up

Comments:

_____
Investigator Name

_____
Agency

___ - ___ - ____ ___ / ___ / ___
Phone Number **Date**